Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-3-20</u> 10	Address:	584 <u>01 St, Rd 15</u>
Case #:	24F32124		Goshen Indiana
County:	<u>Ľ</u> lkh <u>art</u>		<u>46528</u>
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Scizure Location (c Residence Outbuilding Vehicle	theck all that apply) If otel/Motel Open - No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Yes (number present) Log No If yes, lax report to Child Protective Services		Investigative Information Ephedrine/Pseudocphedrine Tracking Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: Goshen FD artment: Elkhart County HD ction Service:	Fax: <u>574-6-</u> Fax: <u>(574)</u> Fax:	<u>875-33</u> 76
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochran</u> Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.